



MONTESSORI TIDES SCHOOL

"Nurturing children and families to help create the leaders of tomorrow."

APPLICATION 2015– 2016

PROGRAMS: Please check the appropriate program.

TODDLER -- (Ages 16 mos. - 36mos.) _____

PRIMARY -- (Ages 3-4 yrs.) **Morning**_____ (Ages 3-6 yrs.) **Full Day**_____

ELEMENTARY -- 6-11 Years _____

EXTENDED CARE PROGRAM -- **Early Morning**_____ **Aftercare** _____
(See Extended Care Application and Fee Schedule)

CHILD'S FULL NAME _____

NAME COMMONLY USED _____ DOB _____ SEX _____

NAME OF PRIOR SCHOOL (IF ANY) _____

PARENTS OR GUARDIAN _____

HOME ADDRESS _____

CITY, STATE, ZIP _____ HOME PHONE _____

MOTHER'S OCCUPATION _____ BUS.PHONE _____

MOTHER'S BUSINESS—NAME & ADDRESS _____

FATHER'S OCCUPATION _____ BUS. PHONE _____

FATHER'S BUSINESS—NAME & ADDRESS _____

E-MAIL _____

I hereby give my consent for my child to be enrolled at MONTESSORI TIDES SCHOOL for the 2015-2016 school year for the program selected above. Enclosed is a registration fee of \$150.00, which is non-refundable once my child is accepted into the program.

PARENT'S SIGNATURE _____ **DATE** _____

ENROLLMENT START DATE: _____ (FOR ADMINISTRATION ONLY)